Distribution Agreement

In presenting this thesis as a partial fulfillment of the requirements for a degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis in whole or in part in all forms of media, now or hereafter now, including display on the World Wide Web. I understand that I may select some access restrictions as part of the online submission of this thesis. I retain all ownership rights to the copyright of the thesis. I also retain the right to use in future works (such as articles or books) all or part of this thesis.

Christopher Zeuthen   April 5th, 2023

Qualitative Examination of Veteran Perspectives on Moral Injury

by

Christopher Zeuthen

Melvin Konner M.D. Ph.D.

Advisor

Anthropology & Human Biology

Melvin Konner M.D. Ph.D.

Advisor

Chris Eagle Ph.D

Committee Member

Henry Bayerle Ph.D

Committee Member

2023

Qualitative Examination of Veteran Perspectives on Moral Injury

By

Christopher Zeuthen

Melvin Konner M.D Ph.D

Advisor

An abstract of

a thesis submitted to the Faculty of Emory College of Arts and Sciences

of Emory University in partial fulfillment

of the requirements of the degree of

Bachelor of Science with Honors

Anthropology & Human Biology

2023

Abstract

Qualitative Examination of Veteran Perspectives on Moral Injury

By Christopher Zeuthen

Moral injury (MI) is a term coined by Johnathan Shay in his book *Achilles of Vietnam*. Brett Litz first defined it as the result of "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." Current literature has focused on definitional clarity, diagnosis, and treatment of a moral injury. This study aims to uncover veteran perspectives on a range of topics on moral injury, including thoughts on the construct, risk factors for a MI, MI's connection to PTSD, and awareness and treatment of MI. Semi-structured interviews were conducted with veterans (n=14) across all military branches. Transcripts were uploaded to MAXQDA. Statements made by each participant were highlighted and organized into common themes. Sample themes included "gender," "combat," and "PTSD."

Veterans largely supported the idea of MI but differed in its application to the military context. Most asserted that the risk for a MI did not differ for sex, age, race, or branch. Participants who differentiated between these factors believed women were at a heightened risk. There was variation in responses on how the level of combat exposure influenced the risk of MI. A spiritual and religious background was viewed as beneficial in buffering against the effects of MI. Veterans perceived there to be an overlap between PTSD and MI.

Regarding the application of MI, veterans' responses emphasized using senior military officials and the post-deployment period as opportune ways to increase awareness of MI. Utilizing religious professionals, fellow veterans, and the VA were key elements veterans presented for treatment of a MI. Results from this study may provide insight that can optimize the presentation of MI and direct resources to veterans at perceived heightened risk of MI.

Qualitative Examination of Veteran Perspectives on Moral Injury

By

Christopher Zeuthen

Melvin Konner M.D. Ph.D.

Advisor

A thesis submitted to the Faculty of Emory College of Arts and Sciences

of Emory University in partial fulfillment

of the requirements of the degree of

Bachelor of Science with Honors

Anthropology & Human Biology

2023

Acknowledgments

I thank Dr. Melvin Konner, my advisor, who provided endless support, encouragement, and direction throughout my thesis. Your guidance and words of affirmation allowed me to follow my passion and navigate any tribulations that arose throughout my thesis. Dr. Chris Eagle filled in as co-advisor in the Fall, and I am blessed to have on my committee. He was the primary influence in my exploration of moral injury. Through endless literature recommendations, Zoom brainstorms, and unmatched support, I am incredibly thankful for Dr. Eagle's support for this thesis. Dr. Henry Bayerle, the committee member, pointed me in the correct direction of relevant literature related to moral injury. Without Dr. Bayerle's guidance, I would not have the sufficient background to investigate this topic fully.

Dr. Drew Teer I would also like to give my sincerest thank you. In the infancy of my honors thesis, Dr. Teer provided abundant information from his experiences about the current landscape of veterans' mental health. Moreover, he cultivated connections between myself and members related to the veteran community, who became pivotal in my understanding of veterans' mental health and in conducting this thesis.

This thesis would not have been possible without the help of Veteran of Foreign Affairs Post 12164 and the Disabled American Veterans Newton-Rockdale Chapter 55. They helped spread my recruitment material to veterans who may be interested in the study. On that note, I cannot thank the veterans who participated in this study enough. Thank you for being completely transparent, honest, and vulnerable with me as you shared your experiences.

Finally, I was awarded the Trevor Stokol scholarship for this honors thesis. I sincerely thank the family of Trevor Stokol and other donors who have funded this scholarship in memoriam of Trevor. Support from this scholarship enabled me to explore this topic fully and has further reinforced my unrelenting passion for amplifying the voices of veterans.

Thank you.

Table of Contents

Key Terms: Moral Injury, PTSD, Veterans, Veteran Mental Health

Chapter 1: Introduction

"Flipped over in a boat…"

"When we were in France…"

Albert Zeuthen, my grandfather, told the same World War 2 stories of his experiences on repeat throughout my childhood. These stories were interspaced throughout his other life stories of how he met my grandmother or about the world of metallurgy. As a kid, you become intensely fascinated by your grandparents' stories the first time you hear them. They open a window into who they are beyond the facade of the people you see for holidays or other occasions. However, as is the case for many, the same story loses your attention as it is told by the same grandparent repeatedly. This often leads to the standard interruption to the story of "we have already heard this before" or interjecting with how the story unfolds. Unfortunately, the day comes when we lose our grandparents. I lost my grandfather during my junior year of high school. Reflecting on my grandfather today, I wish to hear stories from his voice and perspective again because nothing can emulate that. Although my grandfather is not here with me anymore, he is still with me in many ways, including my passion for food, an aptitude for mathematics, and, most importantly: a love for storytelling.

"It was during peacetime…."

Robert Wilde, my grandfather, was always my Papa. Barring a smile only covered by his gray mustache, he frequently entered the door with a brown paper bag filled with black licorice. His stories focused on his childhood playing baseball with his friends or working for the newspaper. He was the opposite of my grandfather Albert in that he never shared stories about his experiences during his service. His military identity was not a core component of how he identified himself. In my senior year of high school, he passed away. During his final few days, my mom described his vivid experiences during the service that no one in our family had heard. Were they components of his imagination? Were these stories ones that he buried within his heart? I will never fully know the correct answer. However, I know that my grandfather's passing is one of the driving factors that motivated me to explore this topic and complete this thesis. My grandfather Robert's outgoing personality has more than rubbed off on me. It has allowed me to formulate relationships and maintain conversations with many veterans about difficult topics. After his passing, I uncovered the tribulations of navigating the VA. This insight came from hearing my Uncle Paul's stories about getting veterans access to the benefits they owed and volunteering at the Atlanta VA Medical Center.

"I don't want to trigger your PTSD…"

One of the veterans I interviewed shared that they were told this by a fellow classmate who had just learned that their peer was a veteran. This statement reflects the growing disconnect between veterans and civilians. A 2017 study emphasizes this disconnect by only 26% of civilians viewing themselves as having much in common with veterans (Platt, 2017). PTSD is prevalent at higher rates amongst veterans than in the broader population, but not every veteran has PTSD. 40% of veterans were never deployed to a combat zone. Those without combat exposure are not immune to experiencing something that tears at the moral fabric that makes them whole (Morin et al., 2011). The term moral injury may explain a tarnish of one's moral framework.

"I have never heard of moral injury"   *"Is moral injury just another word for PTSD?"*

"What is a moral injury?"

Moral injury was not a term in my vocabulary before last Spring; however, it is now the cornerstone of my honors thesis. Dr. Chris Eagle introduced me to the term during a conversation about veteran mental healthcare. Jonathan Shay's *Achilles of Vietnam* and Tyler Boudreau's *The Morally Injured* were fundamental in my exploration of the idea. In pouring through the literature on moral injury, I saw articles attempting to discern criteria that made up a moral injury, chaplain perspectives on moral injury, and how to treat moral injury. There was insufficient research into how veterans view moral injury, who is at risk for it, and what we can do to increase awareness.

Therefore, for my senior honors thesis, I examined veteran perspectives and their awareness of moral injury through conducting semi-structured interviews. I interviewed fourteen veterans currently residing within the greater Atlanta area. Veterans served for varying lengths of time within the Air Force, Navy, Army, and Marine Corps. The study featured both male and female veterans. Recruitment of veterans for the study involved reaching out to 32 different veteran organizations or contacts within the veteran community. The majority of these veteran organizations were in Atlanta, Covington, Georgia, and the Chicagoland area. Veteran participation in the study would not have been possible without the help of Veterans of Foreign Affairs Post 12164 and the Disabled American Veterans Newton-Rockdale Chapter 55 for helping spread the word about my study.

I was lucky enough to hear back from an abundance of veterans whom I could then interview; however, a substantial portion of veterans also demonstrated initial interest in the study but decided against participating. Given my status as a non-veteran college student, it is understandable why veterans may have hesitated and opted out of participating in the study. Within this thesis, I touch on a wide range of aspects related to moral injury, including:

1) What are veterans' perceptions of moral injury?
2) What groups were at risk of moral injury?
3) What is the relationship between PTSD and moral injury?
4) How widespread is moral injury? How many within the VA were aware of this idea?
5) How do religion and spirituality affect one's ability to get and/or deal with moral injury?
6) How can we increase awareness of moral injury?

Thank you to all veterans who gave their time for this study. I hope to amplify your voice and share your honest perspectives on moral injury.

Chapter 2: *22 Veterans*
Current State of Veteran's Mental Health

"22 veterans kill themselves every day" has become a resonating phrase amongst many that conveys the current state of veterans' mental health. 2020 witnessed 6,146 veteran suicides. Recent declines have occurred since 2018; however, veteran suicides remain near record high levels and 1.5 times greater than for civilians (US Department of Veteran Affairs, 2022). Suicide rates do not fully encapsulate the complete scope of the mental & physical tribulations veterans are facing in this country. An entire realm of invisible wounds exists, most notably commonly exemplified by Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI).

PTSD is a disorder that develops upon experiencing a shocking, scary, or dangerous event. Symptoms that emerge include intrusive memories, avoidance, negative changes in thinking and mood, and changes in physical emotions and reactions. The onset of PTSD can occur at any age from six onwards, with symptoms appearing as soon as three months after the incident or as long as several years afterward (APA, 2013; Bryant, 2019). Compared to PTSD, TBI is due to direct injury to the brain. A broad spectrum of symptoms, from a headache to more physical and cognitive difficulties, emerge depending on the severity of TBI (Galgano et al., 2017).

Estimates as recently as 2018 point to more than 20% of veterans suffering from PTSD or TBI as a byproduct of the Iraq War (Tanielian & Jaycox, 2008) and 37-50% of Veterans returning from Iraq and Afghanistan being diagnosed with a mental health disorder (NIDA, 2019). 30% of Vietnam veterans are believed to have had PTSD at one time (Marmar et al., 2015). To uncover if one is suffering from PTSD, there are four primary PTSD Screening Instruments: Primary Care PTSD Screen for DSM-5, SPAN, SPRINT, and the Trauma Screening Questionnaire (VA, 2022). Upon diagnosis, several options exist to help mitigate the symptoms

of those suffering from PTSD, which include but are not limited to Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization, Exposure Therapy, and antidepressants (Zoloft, Prozac, etc.) (Schrader & Ross, 2021). In relation to PTSD, anyone who sees an active combat zone must be screened for TBI (Scholten et al., 2012). Treatment options are present for both TBI & PTSD; however, a looming question shadows in the background: how accessible are these resources?

Per the 2022 National Veteran Suicide Prevention Annual Report, the Department of Defense, Veteran Affairs, and the White House are aligned in wanting to improve veterans' mental health. In August 2022, the PACT act was enacted to benefit those exposed to Agent Orange, burn pits, and other harmful chemical exposure throughout their service. Previously, the White House had published its strategy for "Reducing Military and Veteran Suicide" on how various organizations, such as the Department of Defense and the VA, can work together to minimize the suicide rate among Veterans (VA, 2022). Moreover, in 2021 Congress allocated over one billion dollars for veteran suicide prevention and passed the Veterans Mental Health Improvement Act to improve veterans' access to resources (S.3293, 2021). These movements offer a glimmer of hope for veterans; however, the VA's current barriers and negative perspectives could negate the potential influence of these initiatives on veterans' mental health.

A study demonstrated that fewer than 50% of veterans diagnosed with PTSD had any mental health treatment within the prior six months (Hoge et al., 2014). Since the conclusion of this study, there is a possibility that improvements have been made; however, mental health stigmatization remains prevalent and acts as a barrier for veterans seeking treatment. Many are worried about being labeled "crazy," "weak," or "dangerous" if they get PTSD treatment (Mittal et al., 2013). PTSD is prevalent among veterans, but not every veteran has witnessed something

that cultivates PTSD. 65% of veterans from Iraq or Afghanistan saw dead bodies, and 60% also saw women and children they could not help (Mental Health Advisory Team (MHAT-IV), 2006).

Veteran experiences are extremely diverse, as are individual veterans' ability to process the experience. Therefore, broad categorizations of veterans' experiences lend to leaving someone on the outskirts unable to define their wounds readily. These wounds could be the byproduct of a highly stressful situation where one's life was not never directly at risk, but they witnessed or failed to prevent something that tore upon their moral fabric. A wound of this nature encompasses what has now been defined as a moral injury.

Chapter 3: Foundations of Moral Injury
3.1. Origins, Definitions

Achilles in Vietnam: Combat Trauma and the Undoing of Character, Johnathan Shay's 1994 work, is the most likely first mention of moral injury. Within this work, Shay explores the experiences of Vietnam veterans through the lens of the *Iliad*. The *Iliad* is a story of the Trojan War and an unraveling of Achilles's moral character (Shay, 1994). Other Ancient Greek stories, such as *Herakles* by Euripides and *Philoctetes* by Sophocles, echo a similar theme (Koenig & Zaben, 2021; Bayerle et al., 2022). *Miasma,* an ancient Greek term, refers to "moral pollution" from war. Collectively, the Ancient Greeks show an early notion of moral injury (Meagher 2006). Since then, there have been many new terms to define the experiences of soldiers. In World War 2, "Thousand Yard Stare" was used to describe the feeling of shell shock (Lea, 1945) and "Lack of Moral Fibre" (LMF) for those in the Royal Air Force scared to fly (McCarthy, 1984). The Vietnam War became a unique moral hazard for soldiers. Soldiers faced elevated chemical weapon usage and civilian exposure during warfare in the face of an ever-changing enemy. At the same time, unspeakable travesties, such as the My Lai massacre, radiated to the public, crafting intense anti-war rhetoric and, thus, an unwarm welcome for returning soldiers.

Robert Jay Lifton and Sarah Haley were at the forefront of understanding the ramifications of the war on soldiers' character (Haley, 1974; Lifton, 1973). From interviews with veterans, Lifton found that many described "a sense of violated personal and social order, of a fundamental break in human connection, which they related to conditions imposed upon them by the war in Vietnam." Thoughts and nightmares experienced by soldiers came to be defined as "Post-Vietnam Syndrome" (Friedman, 1981); however, a definitive term to describe emotional and spiritual wounds was still lacking. Shay's creation of the term "moral injury" helped bridge this gap.

Johnathan Shay, an American psychiatrist, coined the term moral injury; however, Brett Litz was the first to define a moral injury in 2009. Litz defined moral injury as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." Within Litz's discussion of moral injury, he presents that moral injury leads to an "inability to contextualize personal and others' actions into moral schemas." The resulting symptoms include shame and guilt, withdrawal, self-harming behaviors, demoralization, and self-handicapping behaviors (Litz et al., 2009).

Litz's definition of moral injury has been expanded and investigated since its inception. A study by Brett Litz and Kent Drescher in 2011 interviewed healthcare and religious professionals about moral injury and their current definitions. Within the study, Drescher expanded the definition of moral injury to:

> "Disruption in an individual's confidence and expectations about one's own or others' motivation or capacity to behave just and ethical. This injury is brought about by bearing witness to perceived immoral acts, failure to stop such actions, or perpetration of immoral acts, in particular actions that are inhumane, cruel, depraved, or violent, bringing about pain, suffering, or death of others.

Participants' responses pointed to the gaps in the definition of moral injury while maintaining their position about the idea's usefulness (Drescher et al., 2011). Several researchers, including Shay and Litz, have attempted to mend this gap again. Hodgson and Carey's 2017 literature review shows the evolution of the definitions of moral injury, including the most recent in 2016. Here I list the most notable definitions of moral injury discussed by Hodgson and Carey, excluding those previously mentioned.

Moral Injury Definitions:

"Moral injury is a deep sense of transgression including feelings of shame, grief, meaninglessness, and remorse from having violated core moral beliefs"

–**Brock & Letitini,** *Soul Repair: Recovering from Moral Injury after War***, 2013**

"Moral injury is the betrayal of what's right, by someone who holds legitimate authority (e.g., in the military—a leader), and in a high stakes situation."

–**Johnthan Shay,** *Moral Injury,* **2014**

"Moral injury involves the difficulties an individual faces when forced to integrate the wrongdoing of a moral authority into their broader conception of the world as a morally reliable place"

–**Matthew Beard,** *Moral Injury: Unseen Wounds in an Age of Barbarism***, 2015**

"Phenomenologically, moral injury represents a particular trauma syndrome including psychological, existential, behavioral and interpersonal issues that emerge following perceived violations of deep moral beliefs by oneself or trusted individuals (i.e. morally injurious experiences). These experiences cause significant moral dissonance, which if unresolved leads to the development of core and secondary symptoms"

–**Jeremy Jickerson,** *Defining & Assessing Moral Injury: A Syndrome Perspective***, 2016**

"Moral injury originates at an **individual level** when a person perpetuates, fails to prevent or bears witness to a serious act that transgresses deeply held moral beliefs and expectations which leads to inner conflict because the experience is at odds with their personal core ethical and moral beliefs, and/or at an **organizational** level, when serious acts of transgression have been caused by or resulted in a betrayal of what is culturally held to be morally right in a 'high-stakes' situation by those who hold legitimate authority."

–**Lindsay Carey,** *Moral injury, Spiritual Care and the Role of Chaplains: An exploratory scoping review of literature and resources,* **2016**

Shay's definition is notable, given that he coined the term moral injury. His definition highlights the importance of authority and a "high-stakes situation" in creating a moral injury. Using his definition as a reference point, previous definitions emphasized the emotions and/or acts that create a moral injury. Litz (2009) and Drescher (2011) demonstrate this idea by using

action verbs, "perpetrating", "bearing", "learning," and "transgressing." Brock and Letitini's

(2013) and Beard's (2015) definitions convey the emotion of moral injury with words such as

guilt, shame, and difficulties.

Hodgson and Carey provide notable distinctions between Shay and Litz's definitions of

moral injury. Shay's definition highlights the role of an organization in creating a moral injury.

Before formally defining moral injury, Shay expresses a similar perspective in *Achilles in*

Vietnam:

> "The vast and distant military and civilian structure that provides a modern soldier with
> his orders, arms, ammunition, food, water, information, training, and fire support is
> ultimately a moral structure, a fiduciary, a trustee holding the life and safety of that
> soldier. The need for an intact moral world increases with every added coil of a soldier's
> mortal dependency on others." (64)

Compared to Shay, Litz's definition emphasizes individual and personal transgressions. The

dichotomy of the influence of the individual versus the organization's role in moral injury is

amended in Carey's 2016 definition. Carey's definition points to the capability for moral injury

to occur at both the individual and organizational levels. The organizational component of

Carey's definition replicates the themes of Shay's definition, specifically using the phrases "high

stakes" and "legitimate authority." Similarly, the individual component uses the same verbs

(perpetuate, witness, and transgress) within Litz's definition. Defining moral injury on a

multitude of levels is not unique to Carey. Litz's revised 2017 definition distinguished between

moral injury as perpetration-based or betrayal based.

Carey's definition reflects a common trend in more recent definitions of moral injury.

Many are expansions or combinations of Litz and Shay's definitions. Beard's definition, for

example, merges elements of Litz and Shay's definitions. He notes the role of the "individual"

while mentioning the role of "authority," key elements of Litz and Shay, respectively. It is worth

describing Beard's definition because it establishes how moral injury affects one's already established moral frame of reference. The expansion and changes to definitions of moral injury can be attributed largely to the lens through which each researcher evaluates moral injury. Shay's definition comes from interviews with Vietnam veterans and knowledge of classics. Brock & Letitini spoke with veterans, families, and communities to shape their definitions. In comparison, Tyler Boudreau's definition of moral injury is a byproduct of his moral injury experience. Other researchers are less clinically focused on the moral injury but evaluate it centrally from a theological perspective.

The symptoms of "guilt," "shame," and "betrayal" are common themes prevalent within theology. These themes emerge in stories such as Adam and Eve or Cain and Abel in the Old Testament. Later, in the New Testament, Judas, one of the original apostles, ultimately betrayed Christ for silver. A theological perspective thus seems an appropriate angle from which to explore moral injury. One of the core advocates for the primarily theological approach to moral injury is Warren Kinghorn, a psychiatrist at the Duke Divinity School. Kinghorn's *Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury* was published in 2012 on the precipice of the Drescher 2011 study of moral injury. In his work, Kinghorn validates the importance of Litz's approach to moral injury; however, he postulates that it is limited. He supports this assertion by stating,

> "Psychological theories of moral injury such as that of Litz and colleagues can be insightful and clinically useful, but on their own terms, they cannot treat moral injury as anything other than an immanent, psychological phenomenon involving not a fragmentation of a teleological whole but transgression of a soldier's own internalized rules and assumptions." (67)

Kinghorn's remedy to filling this perceived gap: moral theology. The primary lens of moral

theology through which Kingborn approaches moral injury is Christianity. He elaborates on this

by stating,

> "Christians can capture the strengths of the moral injury construct without being subject
> to its limitations. Unlike the clinical disciplines, Christians can name the moral trauma of
> war not simply as psychological dissonance but as a tragic and perhaps even sinful
> reminder that the peace of God is still not yet a fully present reality." (70)

Antal and Winings 2015 paper, *Moral Injury, Soul Repair, and Creating a Place for*

Grace, further emphasizes the assertions made by Kinghorn's while also asserting the role of

religious education programs for veterans. Shay also provided commentary in his 2002 book

Odysseus in America: Combat trauma and the trials of homecoming on the value of theology in

evaluating moral injury as he stressed the importance of religious and cultural therapists in

healing. The importance of the theological perspective to moral injury is one of the main

conclusions reached by Hodgson and Carey's literature review. Similar to Kinghorn, they stated,

> "...definitions minimize the concept of moral injury—either naively or deliberately—by
> utilizing a predominantly psychiatric and/or psychological paradigm which subsequently
> can obscure any spiritual factors associated with moral injury."

Jinkerson's 2016 definition is one of the most recent definitions postulated about moral

injury; however, it still lacks any theological reference. Moreover, it fails to include mention of

betrayal, which Hodgson and Carey's literature review found was missing in many other

definitions.

Albeit the immense and descriptive definitions of moral injury, one may question how

this idea of moral injury differs from the most commonly used mental health term associated

with veterans: PTSD. Is moral injury just another word for PTSD? Do PTSD and moral injury

occur at the same time? Is moral injury a prerequisite to getting PTSD?

3.2. PTSD vs. Moral Injury

"PTSD, as officially defined, is rarely what wrecks veterans' lives or crushes them to suicide….moral injury does both."

–*Johnathan Shay, Moral Injury, 2012*

Shay's assertion differs greatly from the standard norm of how veteran mental well-being is presented in our media. To captivate the current mental state of veterans, discussion on the topic usually starts with X% of veterans who have PTSD from X, Y, and Z wars and X number of suicides every single year, which is exactly what I did in my second chapter. An overwhelming number of veterans suffer from PTSD yearly, which eventually translates into suicide. PTSD is the most common post-deployment problem facing veterans (Kok et al., 2012). Neither Shay nor Litz disagrees with this statement, but they do point to moral injury being a significant driving component that can lead to suicide.

When Litz proposed the first operational definition of moral injury, he carefully dissected how moral injury fits within the current theories of PTSD. First, Litz compares moral injury to the social cognitive theory of PTSD. This theory states that "traumatic events clash with existing schemas that people hold about themselves and the world" (Horowitz, 1986). The connotation of an internal clash is reminiscent of the cognitive dissonance prevalent within the moral injury. Litz asserts that the social cognitive theory does not fully encapsulate the depth of the impact caused by moral injury. The cognitive and two-factor models of PTSD are also set in comparison to moral injury (Ethlers & Clark, 2000; Keane 1985). Litz found that the two-factor model was too reliant on fear to compare to moral injury. The cognitive model was found to overlap with moral injury concerning negative appraisal and lasting psychosocial consequences. Litz concluded that the following symptoms overlapped with PTSD: re-experiencing, avoiding, numbing, demoralization, self-handicapping, and self-harming behaviors.

After Litz analyzed PTSD and moral injury, the DSM-5 criteria for PTSD changed to include guilt and shame (Bovin et al., 2016). One study of PTSD and moral injury questions the addition of adding these components into moral injury. The study used responses from over 900 National Guard members and then used exploratory structural equation modeling (ESEM) to evaluate PTSD vs. moral injury. First, the study demonstrated that guilt and shame are primarily associated with moral injury, not PTSD. Results from surveys and the ESEM demonstrated that PTSD uniquely had memory loss, startle reflexes, and flashbacks that often translated into nightmares. Moral injury uniquely had guilt, shame, anhedonia, and social alienation that can manifest into anger. Bryan also revealed that high levels of moral injury were connected with high suicidal ideation and attempt. PTSD and moral injury existing together may even further heighten these risks. At the conclusion of the study, PTSD asserts that moral injury and PTSD are related but distinct (Bryan, 2018). Shay's statement that I provided on the relationship between moral injury and PTSD receives a tremendous level of factual support as a byproduct of this study.

Close to almost a decade after originally providing his analysis on moral injury and PTSD, Litz further studied the relationship between these two constructs. As mentioned, Litz discerned between perpetration and betrayal based on potentially morally injurious experiences (PMIE). Litz believed that the perpetration of PMIE would manifest as guilt and shame. In comparison, betrayal based PMIE would be more harmful as it would present aggressive behavior. Litz ultimately found that many veterans' PTSD symptoms were the byproduct of either perpetration or betrayal-based PMIE (Jordan et al., 2017). Follow-up research by Litz of 999 service members categorizing the trauma types of those seeking help for PTSD found that

25-34% of combat-related PTSD has resulted in moral injury (Litz et al., 2018). Litz's insight

into PTSD and moral injury further confirms these constructs co-occurring.

Delia Sun and a team of researchers investigated the relationship between moral injury

and PTSD from a different perspective than Litz. They relied upon examining brain activity with

resting-state functional magnetic resonance imaging (rs-fMRI) scanning. Moral injury and PTSD

activated different brain regions, specifically in the left inferior parietal lobule (L-IPL). The L-

IPL was found to be connected with moral processing (Sun et al., 2019). This builds on their

previous research, which found that the IPL was connected with the feeling of guilt (Morey et.

al, 2012). A recent paper by Lloyd and a team of researchers uncovered the neural activity

mechanism when someone with PTSD relives their moral injury event. First, blame-related

processing of bodily sensations occurs in the right posterior insula and the dorsal anterior

cingulate cortex (dACC) in the salience network. Activation in this network triggers regulation in

the dorsomedial prefrontal cortex (dmPFC), increasing cognitive control and enhancing

emotional affect. High levels of shame, a core component of moral injury, showed abnormal

dmPFC function, which can lead to altered self-reflection and maladaptive moral cognition (Sun

et al., 2019).

A multitude of perspectives examining the relationship between moral injury and PTSD

has revealed many overlaps between the two constructs; however, the two are distinctively

different. From a symptoms perspective, moral injury was shown to involve guilt and shame,

which led to higher suicidal ideation compared to PTSD. When looked at through neurobiology,

moral injury showed different areas of brain activation compared to PTSD. Given the distinct

attributes of moral injury, one may wonder if there are currently any methods to diagnose a

moral injury. In a previous chapter, I alluded to the various tests offered for the current leading

mental health disorders for veterans: PTSD and TBI. Do a wide range of tests exist for moral

injury? How applicable are these tests at discerning moral injury? Many emerging therapies exist

to treat PTSD, but what about moral injury?

3.3. Applications & Outstanding Questions

"...treatments have been developed to purportedly target moral injury, this work has been somewhat cart before horse"

–Litz, et al., Defining & Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium, 2022

Litz's statement above encapsulates the current diagnosis and treatment of the moral

injury. Potential avenues to treat moral injury were presented as early as Litz's 2009 paper giving

the operational definition. Litz stated that he believed cognitive processing therapy (CPT) would

be ineffective at targeting moral injury and that treatment must include the following eight

components:

1) Connection
2) Preparation & Education
3) Modified Exposure Component
4) Examination & Integration
5) Dialogue with Benevolent Moral Authority
6) Reparation & Forgiveness
7) Fostering Reconnection
8) Planning for the long haul

After Litz's propositions for treating moral injury, researchers have conducted several

studies examining various treatment options. One prominent treatment avenue is utilizing

spirituality and clergy members. There are several treatment programs centered around this

perspective. Examples include Moral Injury Reconciliation Therapy (MIRT), Moral Injury

Group (MIG), and Pastoral Narrative Disclosure (PND) (Carey & Hodgson, 2018; Cenkner et

al., 2021; Lee, 2018). MIG, for example, has 12-week 90-min group interventions with a psychologist and chaplain to unpack distress on multiple levels related to MI.

Early in this review, I described the overlap between PTSD and moral injury; thus, many attempted to use similar treatment options for moral injury. The type of treatments used for PTSD broadly fall under evidence-based psychotherapies (EBP) and can be divided into prolonged exposure therapy (PE) and cognitive processing therapy (CPT). Some cited PE therapy as beneficial in treating the guilt aspect of moral injury (Held et al., 2017; Paul et al., 2014). One study found that PE therapy helped "reported willingness to embrace moral pain" in those who suffered combat-based PTSD (Evans et al., 2021). Steenkamp and a team of other researchers, including Litz, proposed that PE therapy would be ineffective in treating moral injury (Steenkamp et al., 2013). In a case study, two individuals who faced symptoms as a byproduct of a morally injurious experience were treated with either PE therapy or CPT. Both cases revealed that they had a decrease in PTSD and depressive symptoms (Held et al., 2017). A separate study also pointed to both forms of therapy helping reduce the feeling of trauma-based guilt (Steinmetz & Gray, 2015). These studies collectively support Litz's 2009 original claim that CPT would effectively treat moral injury.

There are several other notable treatments for moral injury: cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), and adaptive therapy (ADT). ADT was proposed by Litz, Lebowitz, Gray, and Nash in 2017 and utilizes discussion and processing of wartime experiences and trauma memories over six 90-minute sessions. Utilization of ADT was found to "decrease PTSD symptoms and depressive symptoms, as well as negative beliefs about the self, world, and self-blame" (Gray et al., 2012). Compared to ADT, ACT focuses on mindfulness, which combines elements of spiritual therapy, and several studies have validated its

effectiveness (Borges et al., 2022; Kopacz et al., 2016; Nieuwsma et al., 2015). In a presentation on moral injury, Borges states, "Rather than assuming moral injury causes suffering through a constellation of symptoms that a person *has*, in ACT-MI, moral injury is defined by what a person *does* in response to moral pain." Finally, there has been substantial research evaluating the effectiveness of CBT. There are two utilizations of CBT: mode theory and impact of killing (IOK). Mode theory focuses on the influence of "activating events on the development of moral injury", in comparison, IOK is more specific. IOK is "six to eight sessions, weekly, individual, CBT, lasting 60–90 minutes, and focused on key themes, including the physiology of killing responses, moral injury, self-forgiveness, spirituality, making amends, and improved functioning." (Maguen et al., 2017). The ultimate goal of IOK is to increase self-forgiveness for their actions (Koenig & Al Zaben, 2021).

Classifying someone with a moral injury has primarily involved two scales: Moral Injury Symptom Scale—Military Version (MISS-M) and Expressions of Moral Injury Scale–Military Version (EMIS-M). Koenig and a team of researchers developed the MISS-M scale, which has 54 items and 10 dimensions, derived from an amalgamation of other scales and questionnaires. The ten dimensions are representative of common symptoms and components of moral injury:

1) Guilt
2) Shame
3) Feeling of Betrayal
4) Moral Concerns
5) Religious Struggles
6) Loss of Religious Faith/Hope
7) Loss of Trust
8) Loss of Meaning/Purpose
9) Difficulty Forgiving
10) Self-Condemnation

Utilizing the MISM-M system, Koenig's study of 427 service members found a broad spectrum of symptoms associated with moral injury, which can help outline a moral injury in a clinical setting (Koenig et al., 2018).

Compared to MISS-M, EMIS-M developed from a consultation with experts and a thorough review of moral injury (Currier et al., 2018). Its goal remained the same—helping determine the signs of a moral injury that clinicians can utilize; however, Litz also questioned the content validity and experimental setup used to formulate this scale. Litz subsequently developed the Moral Injury Outcome Scale (MIOS) based on specifying the symptoms of moral injury and a more sound scale for assessing MI. The MIOS questionnaire provides specific statements such as "I blame myself," "I feel like I don't deserve a good life," or "I lost trust in others," which are ranked on a scale of strongly disagree to strongly agree (Litz et al., 2022). According to the paper, consultation about the scale took more than three years of development. Given its recent proposal, further follow-up may still be needed to fully assess the validity of the MIOS scale.

Litz's analogy of the "cart before the horse" helps us understand the current state of moral injury treatment. Shay proposed the idea in 1994, but the first operational definition did not come till more than a decade later. Since Litz's operational definition, moral injury has pushed full steam ahead with many definitions and subsequent treatment plans. The number of researchers contributing and debating about the topic increases the precision of what defines a moral injury and what can be done to alleviate the symptoms of moral injury that veterans, healthcare professionals (Bayerle et al., 2022; Čartolovni et al., 2021), and first responders (Papazoglou et al., 2020) are experiencing.

Healthcare professionals, chaplains, veterans, and others have been consulted to varying degrees about moral injury. In the Drescher 2011 study, only healthcare professionals and chaplains were questioned about their stance on moral injury. Another study consulted VA chaplains to gain their understanding of moral injury (Boska et al., 2021). Boudreau's piece, *The Morally Injured,* provides his accounts of being a veteran navigating a moral injury (Boudreau et

al., 2010). There are examples of moral injury studies centered around interviewing veterans on this topic; however, they are aimed at discerning a definition for moral injury, developing a treatment for moral injury, or a scale for moral injury (McCarthy, 2016; Miller, 2016).

To the best of my knowledge, there has yet to be a study that assesses all veterans' perspectives on moral injury and its applicability. Hence, I have proposed the following questions to fill this gap in the field:

a) What are veteran perceptions about the construct of moral injury and its applicability?
b) Who do veterans think are most at risk of a moral injury?
c) Do veterans believe that spirituality and religion can act as a buffer to moral injury?
d) How do veterans perceive the relationship between PTSD and moral injury?
e) How do veterans suggest increasing awareness of moral injury? How would veterans seek treatment for moral injury?

Based on the previously discussed research, I hypothesize the following based on each question:

Hypothesis 1a:
Veterans will validate that moral injury is prevalent in the military context. I expect there to be a small cohort who are confused about the construct itself and its applicability.

Hypothesis 1b:
Veterans will assert that those with combat exposure are at the highest risk of moral injury leading to the most frequently mentioned branch being the Army and/or Marines. Lastly, if veterans distinguish risk by gender, they will cite women as the highest risk due to the sexual assault and rape they face in their service.

Hypothesis 1c:
Veterans will see the benefit of spirituality and religion on moral injury; however, responses may vary based on participants' religious background, with those not religious seeing its benefit.

Hypothesis 1d:
Veterans will assert that there is an overlap between moral injury and PTSD, with a substantial number proposing they are the same phenomenon.

Hypothesis 1e:
Veterans' recommendations for treatment options for moral injury will center around religious and/or spiritual options (priests, chaplains, etc.) or will mimic those used for PTSD. With regard to awareness, I believe most will call on non-profit veteran organizations to increase awareness about the idea.

Response insights may help a) optimize presentation and educational material for the best time and audience that may benefit from an understanding of this topic b) provide a gauge of the extent that veterans are aware of this idea and progress made by attempts at increasing awareness of moral injury 3) continued validation and/or contentions with the idea or definition of moral injury.

Chapter 4: Methodology
Procedure:

This Emory-sponsored, IRB-approved study (STUDY00004597) did not involve using the VA. It was restricted to veterans between 25-84. Recruitment flyers were distributed through the Emory Veteran network, Veterans of Foreign Wars, and Disabled American Veterans (DAV) through email and phone calls. Veterans (n=14) were interviewed in the Fall of 2022. Both males (n=11) and females (n=3) were sampled in the study. Veterans were from the following branches: Army (n=6), Air Force (n=4), Marines (n=2), and Navy (n=2).Semi-structured interviews took place in person or via Zoom and lasted 30 minutes to one and a half hours. Interview questions are found in *Appendix 1*. Before asking the participants questions, they read through a consent form. Pseudonyms were used for each participant to protect their confidentiality. Audio from all the interviews was recorded and subsequently transcribed by the interviewer. Interview transcripts were analyzed through MAXQDA. Key codewords were assigned to important phrases within each transcript (ex: At Risk; Men/Women; Personal Experience, MI; PTSD vs. Moral Injury).

Moral Injury Definition:

I utilized Litz's 2009 definition of moral injury when I introduced the idea of moral injury to participants. Drescher's 2011 moral injury study included veteran feedback about their definition of moral injury. They described that veterans recommended a definition easily understood by veterans and additional examples/qualifying experiences to understand the definition. When I introduced the definition of moral injury, I repeated the definition at least twice, and on some occasions, veterans requested that I read the definition again. Unless veterans had prior experience or exposure to moral injury, I provided some examples of moral injury. I included examples from Boudreau's 2010 account of his experiences with moral injury or

Syracuse's article on "What is a Moral Injury" by the Moral Injury Project. Finally, for

conciseness, moral injury is often denoted as MI. Given my usage of pseudonyms within the

study, *Table 1* in the Appendix provides the complete set of veteran pseudonym names and the

military branch of each participant.

Chapter 5: Results
5.1. Lived Moral Injury

The Syracuse Moral Injury Project provides several example events that may result in moral injury: deadly force in combat causing the harm or death of civilians, giving orders in combat that result in the death or injury of a fellow service member, failing to report knowledge of sexual assault or rape, and a change in belief about the necessity or justification for war during or after one's service. Literature and the above-mentioned examples help provide an introductory insight into the experience of a moral injury. Utilizing these elements in tandem with lived stories, I believe, provides a deeper framework for an audience to attempt to fathom the experience of a moral injury and better understand the results of this study. Within this study, I spoke with two veterans who suffered a moral injury: James and Liam.

James served in the Army for over twenty years with deployments worldwide; however, it had taken him almost that length of time to find peace. At the tail end of his military service, he encountered a gradual series of events of lying and covering up that obscured his frame of reference of the world. "What is known cannot be unknown" rattled around in James's mind, eventually leading him to "lose his mind" from various factors, notably sleep deprivation. He tried to regain his perspective on the world, but at the forefront of his mind remained how his actions could impact his surrounding network:

> "I was in 18 years at the time, so as an act of moral righteousness, I resigned my commission and went public. I could be arrested…my family, two young children, wife of 20 years, they're left with Daddy's in jail, and he's a spy."

James describes that the byproduct of these events was a moral injury. Reflecting on his experiences, James provides his own description of how a moral injury develops:

"...to me, moral injury is a dissonance between your beliefs and the reality you are experiencing, you find yourself without a frame of reference to make sense of the world. All of a sudden, there is no good and bad, there is relative. Good people are bad, and bad people are good. Which way is up? You begin to question everything."

One key component of moral injury that James wanted me to emphasize about a moral injury: recovery is real. To overcome a moral injury, James describes it as "emotional judo," which entails "taking those experiences which have been troubling and traumatizing and just terrorizing you, and turn them into an experience that I can turn into wisdom to share with another."

Liam's path to moral injury went through the Air Force, where he worked in special operations and intelligence. Reflecting on the past, Liam gives an in-depth look into how moral injury can develop for someone in the intelligence sector:

"…so if you're a commander of a predator drone fleet, right? And you have teams you can access before they're even a target. It's just a person of interest. So you start tracking this person. You see their patterns of life, whom they talk to, what they eat for lunch, the day where they drive, who their network is, how many wives, and how many kids they have. You have access to all that stuff...your brain has almost to befriend this person. The familiarity is so high, so much access to this person's life from the beginning that you are aware that this person was alive to see human parts of this person–who they are or what they do. All these patterns of life….to kill them.

 And then also all of the pictures and computer hard drives and all that stuff coming back from the target to analyze that stuff too. And seeing this person on a human level even deeper. These guys thought they were right and what they were doing. They believed they were freedom fighters. Just the same as us…."

After his service, Liam went to commitment therapy, where he got treatment for his moral injury, and it has helped him get to the point where he can:

"…hold two conflicting ideas or opinions or thoughts at the same time. In other words, it's not one or the other. It doesn't have to be all yes or all no or all right or all wrong, but during that time, I can forgive my younger self."

James and Liam's stories give insight into the complexity of the moral injury and the impression created in light of living through it. Although the other veterans in this study may not have lived through a moral injury, their perspectives are immensely valuable in understanding how moral injury is perceived and how to enhance education and treatment for those living through it today.

5.2. Initial Thoughts

I garnered veterans' initial thoughts on moral injury after they heard Litz's 2009 definition of moral injury. Current literature, most notably the Drescher 2011 study, revealed that healthcare professionals and chaplains viewed moral injury as valid and needed. I hypothesized that veterans would validate that moral injury is prevalent in the military context. Moreover, I expected a small cohort who may be confused about the construct itself and its applicability. The results of my study demonstrated that they supported the idea of moral injury; however, they differed in their application of it to the military context.

Participants' initial inclinations were presented in many ways. Some participants began their response with emphatic statements of agreement such as "I am convinced", "it is accurate", or "it is a very, very real idea." In most cases, participants utilized indirect or direct experiences to help conceptualize what defines a moral injury and then evaluated the idea's validity. Sample initial responses are found in *Table 2*. Many of these responses are highlighted in the context of a later section (6.3), but it's worth highlighting in this section the critiques of moral injury.

Three participants provided critiques about this construct after subsequent probing questions. One participant stated, "I think it's too broad of a category to stand on its own." He later followed it up, stating, "I don't know if it would be a great application for the military."

Table 2. Initial Thoughts on Moral Injury

<u>Speaker</u>	<u>Quote</u>
David, Air Force	"Well, people go to war and they come back with moral injury. You can't take a nice fellow like you. Put a gun in his hand and come back and say everything is. Fine, fine, fine and fun. It doesn't equate."
Stephen, Army	"I definitely think it's an interesting concept." "When you address it in the form…I'm broken and I can no longer function (which is what a lot of veterans and civilians associate PTSD with) and you associate it as an injury that you healed from it's a completely different conversation between people."
Michael, Marines	"I guess my initial inclination is the notion of moral injury would probably resonate more with combat veterans who you know either killed or had comrades killed. And maybe questioned whether they made the right decision." "You know it probably relates somewhat to PTSD…" "I think when I first heard the concept [moral injury] I got slightly defensive and I can't explain why I guess the term moral injury connotes some sort of failure..."
Nicole, Army	"I am intrigued by the concept because I think it does kind of explain different events and actions or things..."
Charles, Army	"…I can't imagine I mean living with guilt, I mean that just eats away at you."
Jack, Army	"I think it's too broad of a category to stand on its own."

Another veteran echoed this perspective by discussing how widely used PTSD has become outside the military context. He worried that a similar phenomenon might happen due to the broad definition of moral injury. In response to their critiques, I highlighted other definitions of moral injuries, such as Shay's, which mentions high-stakes situations and the influence of authority. Both were receptive to the idea that adding these features would reduce some of their concern about the broadness of the idea.

Upon the interview's conclusion, both veterans appeared to remain unsure of its application. Lastly, the other participant had a problem with the term moral injury itself. To elaborate on why, he stated, "I think when I first heard the concept [moral injury], I got slightly defensive, and I can't explain why I guess the term moral injury connotes some sort of failure…".

5.3. Populations at Risk

Subsequent probing questions were asked to veterans after they provided their initial response to gauge which factors (sex, branch, combat, etc.) may heighten the risk of moral injury. Based on my current knowledge, I hypothesized that veterans would assert that those with combat exposure are at the highest risk of moral injury leading to the most frequently mentioned branch being the Army and/or Marines. Lastly, if veterans distinguish risk by gender, they will cite women as the highest risk due to elevated sexual assault and gender discrimination during their service.

Most participants' primary stance was that the risk of moral injury is "all about the same" across sex, branch, and age. 50% (n=7) of all participants did not provide additional discussion on specific groups at risk for moral injury. Nicole's response encapsulates this subgroup's

perspective, "I think it would affect anyone with a moral compass. It doesn't matter the age, gender, military, branch, or race. None of that."

The remaining participants unanimously believed women were at a heightened risk for moral injury. 71% (n=5) of this cohort's rationale was the sexual assault, and harassment female soldiers experience during their service. One veteran expanded this perspective to include the moral injury faced by female prostitutes during Vietnam. Other responses did not directly mention sexual assault or harassment but touched on women's nature of being "more emotional" and the nature of the military being male-dominated. There was some discussion of the implied future risks for females for moral injury with their increased involvement in combat. *Table 3* demonstrates specific responses on why females are at a heightened risk of moral injury.

On the basis of military branches at risk, only two respondents mentioned a specific branch with an enhanced risk of moral injury development. One stated the Army, and the other said the Marines and Army. Most veterans favored citing specific war(s) or combat and civilian exposure levels. There was a mixed response on the influence of combat exposure in creating moral injury. Some stated it appeared to be more related to a combat situation, while others saw the potential to occur in both fields. As one veteran put the idea,

> "...people would tend to say that in combat units you would probably see a higher occurrence of it, but the reality is, you know, in non-combat units, and a lot of the support units there's a lot of sexual assault and rape because they have a lot of free time."

Table 3. Female Risk of Moral Injury

<u>Speaker</u>	<u>Quote</u>
Nicole, Army	"I don't think moral injury affects males versus females more one way or the other, but I do think that females have more chances... the cards are stacked against them and they are more likely to have moral injuries."
Charles, Army	"The drill sergeant's name was C*****...you want to read about moral injury read about him and his friends trying to cover up a reported sexual assault by a trainee. …. that's the first thing that comes to my mind is Army women. Women seem to be the biggest victims of moral injury."
Stephen, Army	"People would tend to say that in combat units you would probably see a higher occurrence of it, but the reality is, you know in in non-combat units a lot of the support units like. There's a lot of sexual assault and rape. Because they have a lot of free time."
Jack, Army	"They're more likely to complain... I don't know numbers are out differently. We don't really know, but it seems like 100% of women are going to be sexually harassed or sexually assault. Almost because it's a male dominated field."
Amy, Navy	"don't want to say that we're weaker, but we're more emotional."
Justin, Army	"I think when I think females are much more vulnerable than male soldiers just being around soldiers. I think there's a tremendous amount of harassment and it's both sexual and otherwise. It depends on you know the unit and that sort of thing"
Adam, Navy	"I think women are definitely more likely to receive moral injury just because of the extra hurdles they have to face. You know, the hurdles that exist in society are amplified in the military because of the gender disparity and then also the masculine nature of military work. It begins with the masculine culture, the historical culture of the military

There was no opinion that moral injury was only prevalent in non-combat exposure. Specific examples of moral injury without combat were provided, such as one veteran citing how they were aware of a female who worked preparing soldiers' caskets, ultimately being diagnosed with a moral injury. Further unpacking combat exposure ushers into the effects of moral injury amongst the intelligence community in the military. These soldiers are exposed and present in combat but hundreds to thousands of miles away. I was unable to garner insight from all veterans on how moral injury may differ for the intelligence community versus others for all other participants due to the topic emerging in later interviews. Liam's story, described in the previous chapter, provides a strong example of moral injury within the intelligence community. Another intelligence officer, Adam, validated the claims made by Liam with the following quote,

> "… they are developing target packages, and they're deeply involved in the minutiae and minute to minute of what you would describe, as you know, the tip of acts of war, the bombing, the shooting, everything…without them showing up to work, these acts would not have happened. And we're very, you know, aware, aware of that, I did that work for a very long time, very aware that it can seep into your psyche."

Other non-intelligence officers cited stories about drone pilots who still suffered mental tribulation despite not being directly on foot, eye to eye with a combatant or threat. James related intelligence officers, notably drone pilots, to other soldiers' regarding their experiences and their respective likelihood of getting a moral injury:

> "...the operator of a drone in Nevada is as susceptible to moral injury as watching the bomb blow up humans. It's interesting because from what I know when it's you, and I eyeball to eyeball, that is a particular hazard of humanity…I feel your breath. I smell your breath, I hear your last gasp, I see your blood gushing out whatever. On the other side is the drone operator through a monitor…and it's the detachment from the reality of the action. Bomber and fighter pilots are somewhere in between."

Another veteran, Brian, further expands on the perspectives shared by other veterans on the level

of exposure to a potentially morally injurious event (PMIE) can have varying effects:

> "Whether you're a drone operator, you make the bomb, or you make whatever you know. I've come back from missions like I didn't actively pull the trigger…we come back from missions and get video from the fighter aircraft we directed. Drop them off and they're like you guys. One time we took out like at the time we took out like the number 2 Al Qaeda dude. They're like, "Here's the video of you killing #2 Al Qaeda" like sweet….but like I didn't pull the trigger…but well I had a hand in it…along the chain someone could feel some way, probably. I would assume it would affect a combat veteran more or for a drone operator. Someone who actually pulls the trigger to do that kind of thing. But if I'm just flying and someone else has hit the button. That probably won't affect me....I think there's different levels"

The Vietnam War was mentioned 64 times by participants, with the most frequent

mention being from veterans who suffered in it. Both Vietnam veterans cited first-hand

experiences that they considered PMIE, but one of their primary points was discussing the

influence of a higher authority in inflicting moral injury.

For example, David stated, "people go to war and they come back with moral injury. You

can't take a nice fellow like you, put a gun in his hand, come back and say everything is fine and

fun. It doesn't equate". In this response, "you" harkens back to the role of the government

directly at the hands of going to war without the choice to opt-out and their response afterward.

In my interview with Justin, he expanded upon these points,

> "What I saw and finally we just got out and they wanted to keep painting a different picture. "We're winning, we're winning" and that's "important we need to do this" and that's the real affront to anyone that was paying for this was suffering from it….I see that as a real moral affront, a moral injury to the nation"

Several themes within Justin's response were echoed by non-Vietnam veterans. Michael

reaffirmed the cognitive dissonance in Vietnam veterans and went further to postulate that this

phenomenon is occurring in soldiers returning from Afghanistan.

The ramifications of this, Michael connects to the influence of a higher authority in the following

statement,

> "…<u>moral injury is to be borne by the policymakers</u> in this country who tell us to go over
> there and what we do after the fact, it's kind of like...Why do we go to Afghanistan? Why
> do we go to Iraq? And it's kind of like why do these people die and why did all those
> people in Afghanistan and Iraq have to die?

> The responses demonstrate moral injury formation after uncovering discrepancies

between lived and reported experiences of the same event on behalf of a higher authority (i.e, US

government, policymakers). To expand upon this perspective, participants highlighted the nature

of the military and its training style that can heighten the risk of a moral injury. As an example,

James stated the following,

> "Propaganda in the past, and I think continues today, tries to dehumanize the enemy...the
> other. Everything from coming up with slang names so that you're not...you're not killing
> another human being. You're killing an idea, and you're killing a threat to your family…"

Propaganda is only one-way military training heightens the risk of moral injury. Several veterans

described how the structure of military training obfuscates one's ability to process events and

notions of self. Two veterans' sample quotes on the matter are featured below:

> "You know their entire identity like they were built up to be this warrior and they were
> never a victim of anything, then all of a sudden now you're a victim, and you're a victim
> of somebody that was supposed to be your right or die, you know…you must have done
> all this stuff and I don't even want to...they don't even recognize being a veteran."
>
> –*James*

> "…the whole military doctrine and institution has been built over millennia since the
> Romans and before that to condition men to not be the liability and so if we equate
> vulnerability with liability then we are sadly mistaken…You get spun up as quickly as
> possible with the guys. It leaves absolutely no room to have personal issues, grudges,
> nothing. It's like you're just all cogs in a machine."
>
> – *Justin*

Collectively, these results demonstrate how veterans view various variables from age to branch to combat exposure changing the propensity of getting moral injury. Given the extensive of literature on moral injury from a religious lens, I wanted to evaluate how veterans perceived having a religious and/or spiritual background impacting the risk of getting a moral injury.

5.4 Spirituality and Religion

Religion and spirituality have been central themes in presenting new definitions of moral injury and treatment options (Kinghorn 2012, Cenkner et al., 2021). Before conducting interviews, I hypothesized that veterans would see the benefit of spirituality and religion in moral injury; however, responses may vary based on participants' religious background, with those not religious may not see its benefit.

In my preliminary questions, I asked participants about their religious and spiritual backgrounds and where they developed their sense of right and wrong about human life. 11 out of 14 mentioned that they had a religious and spiritual background of some degree, with virtually all stating that they got their sense of right or wrong from their family. Participant responses were used to gauge the participant population's potential skew. In my follow-up questions, I asked veterans if they believed having a spiritual or moral background would help them navigate a moral injury. 57% "Yes" (n=8), 14% "No" (n=2), and 29% (n=4) responded with "Somewhat." Sample responses are featured in *Table 4* for those who did not have a spiritual background. Connecting these responses to participants' religious background, three out of the four said having a spiritual or religious background would not help buffer a moral injury had a religious or spiritual background. Interestingly, three out of four participants who supported that they do/did not have religious/spiritual background stated that they think having this background helps buffer the effects of moral injury.

Table 4. Effect of Religion & Spirituality on Moral Injury

<u>Speaker</u>	<u>Quote</u>
James, Army	"In combat, it may guide you to a certain point, but then that certain point is no longer functional and you're killing people. And so there is no turning the other cheek, and there is no finding common ground, and there is no loving your enemy. And so now we have that dissonance" "universal construct of religion is not a simple blanket for preventing nor dealing with moral injury because we do not have a universal set of morals and ethics."
Stephen, Army	"…Yes, there's a reason why in every infantry, every battalion, every brigade, every division has a chaplain"
Amy, Navy	"I feel like you could help but at the same time, because I know if you're religious. If you believe in something... If you believe in forgiveness. You're gonna like ask for forgiveness. And then that's going to make you feel better so I think so."
Justin, Army	"I would say that if you didn't have sort of a spiritual guide of any type, you're more likely to deliver injury, but not to deflect it. I things happen so fast that I'm wondering how much people's belief systems really have a chance to kick in"
Adam, Navy	"I don't see any relationship between moral background and receiving moral injury or spiritual religious background. It seems like it cuts across, you know faith or non-faith or what; I think it might be more personality driven, it more effects people based on who they are as a person."
Michael, Marines	"Absolutely, and I think it's exactly why the military has paid chaplains. Because they realized that. You know one of the things that service members are going to have to deal with is the potential for moral injury."

5.5 PTSD vs. Moral Injury

71% (n=10) asserted that there was a relationship between moral injury and PTSD. Participants who did not fall into this cohort each had distinctive reasons. One stated that PTSD was "completely different something else," while another drew on their experiences to say, "...I've witnessed trauma, but there was no component to moral injury". The most comprehensive statement on why the two constructs are isolated phenomena was that "PTSD is more of a physical response to a particular event, whereas moral injury changes the foundation of your point of view."

Veteran descriptions of the overlap between moral injury and PTSD are collected in *Table 5*. Some veterans directly stated that moral injury might lead to PTSD, evident by Brian and Ben's response; however, others went further in attempting to distinguish the relationship between the constructs. For example, Stephen agreed with their viewpoint, but further clarified the relationship. He stated that a moral injury could lead to PTSD, but PTSD is not directly dependent on it. Moreover, he states in the following quote the benefit of using the term moral injury in favor of PTSD,

> "If you address it in the form: I am not broken and I can no longer function, which is what a lot of veterans and civilians associate PTSD with…and instead you associate it as an injury that you healed from…it's a, it's a completely different conversation between people."

Stephen's perspective translates into another response style where participants try to categorize PTSD and moral injury. There was a discrepancy in the hierarchy in categorizing the two constructs, as some viewed moral injury as more specific than PTSD. In contrast, others saw moral injury as a broader category. Finally, Adam's response on the interplay between moral injury and PTSD is worth mentioning.

Table 5. Moral Injury vs PTSD

Speaker	Quote
James, Army	"Moral trauma is a trauma. Post-Traumatic stress is an umbrella phenomenon under which here it [moral injury] fits."
Emily, Air Force	"…it could be a form of PTSD"
Stephen, Army	"You could suffer a moral injury in order to have PTSD, but you could have PTSD without having some moral injury"
Jack, Army	"…it could be overlap. Moral injuries seems like a broader category."
Amy, Army	"I don't think that's the same thing, but at the same time they might go hand in hand."
Justin, Army	"…if you feel like you've morally injured someone in that kind of situation, or you've been morally injured. Depending on your own ability to handle that sort of thing, I think that could result in PTSD"
Andrew, Air Force	"I think moral injury is a bit more nuanced than the lump sum of PTSD."
Adam, Navy	"moral injury would have to exist almost on the **conscious level**…you understand for yourself what is morally right and what is morally wrong and then understand the environment when it's happening….Whereas PTSD is a **subconscious reaction** to trauma. …the same event could trigger **both** moral injury and traumatic. It affects, but you know, yeah, I think they may run on parallel tracks and you may experience one, or you may experience. Both or neither."
Brian, Air Force	"….sounds like something could lead to PTSD."
Ben, Marine	"…moral injury could cause PTSD, but PTSD, yeah, can differ from moral injury."

He believes that a singular event can cause moral injury and PTSD and that the two do not directly depend on each other, similar to Stephen. His response becomes unique in its description of moral injury occurring on the conscious level, versus PTSD is a more subconscious experience. Responses garnered from this questioning transition into the final subset of questions centered on applying moral injury.

5.6 Application of Moral Injury

Since Shay coined the term and Litz's definition, moral injury research has increased enormously. In tandem with the research, there have been efforts to increase awareness about this idea, most notably by the VA and the Moral Injury Research project. I wanted to gauge veterans' awareness of this construct before the study and how aware they believed the VA was of this idea. Excluding the veterans who suffered from it, most veterans were unaware of the term moral injury. One postulated that they had heard the term "psychological scar" before, which they viewed as similar to moral injury.

From the perspective of the VA's awareness of moral injury, responses are organized in *Table 6.* There was a mixed response on behalf of veterans about VA awareness. One stated, "VA is completely unprepared for identifying a moral injury or knowing how even to begin to treat a moral injury." At the same time, another said that veterans could not handle moral injury based on the number of claims they receive. A middle ground was proposed by one veteran who said, "I think some people are…I'd say the average person that works at the VA, unless they're in a therapy kind of role, I don't think they get into that."

Table 6. VA Awareness of Moral Injury

Speaker	Quote
David, Air Force	"…allow them [veterans] to be able to speak up about it and talk about it. Get it out in the open and then. Give them you. depending on their faith, just give them some type of assurance"
	"I would say not aware at all."
Nicole, Army	"I think the VA is completely unprepared for identifying a moral injury or knowing how to even begin to treat amoral injury. Part of that, I think is because the VA is so busy just trying to find somebody to cover the bare minimum because they have no funding, they have no resources."
Charles, Army	"the VA has to be aware of it"
Emily, Air Force	"I believe they do know that and they're trying. I don't think they always have the leadership or the right people working for them honestly I feel the same way. I think that's the problem there"
Stephen, Army	"That they're completely unaware that this concept even exists."
Justin, Army	"But I'd say the average person that works at the VA unless they're into, you know more of a therapy kind of role. I don't think they get into that."
Ben, Marines	"I mean I thought they gotta be. They deal with so many claims"

Concerning moral injury's application, I evaluated participants' perception of widespread moral injury amongst the veteran community. One veteran postulated: "If you are Soldier, Sailor, Airman, Marine. The probability that you may be injured physically is 100%. The probability that you may develop PTSD is 100%. The probability that you may encounter and be morally injured…we still need to quantify. Still, it exists." A few others stated that it exists in varying degrees but did not provide a set value. Ben expanded on why it is difficult to tabulate,

> "it's tough because I don't think being in service necessarily directly correlates to having a moral injury. Still, being in the service, you can be in some situations, I'd say they're very few and far between, but they exist, and those situations could lead to a moral injury."

No consensus was reached on how widespread moral injury was throughout the military. Still, they reaffirm that it does exist and expand on the scenarios where a moral injury is most likely to develop.

My final subset of questions sought to discern veteran perceptions on determining how veterans would seek help for themselves or a fellow veteran with moral injury and ways to increase awareness of moral injury. Sample responses on how veterans would navigate a moral injury or if they knew a fellow veteran suffering from it are found in *Table 7. Most* veterans emphasized the importance of vocalizing their troubles to a fellow veteran or chaplain/priest. Only a select number of participants mentioned the VA. Stephen's response emphasized that veterans should not pursue the VA to alleviate this problem due to the long response time to care.

Many themes of how veterans would treat a moral injury emerge in how they would increase awareness of moral injury. Veteran quotes on how to increase awareness are provided in *Table 8.* Common themes were the importance of senior leadership's awareness of the idea and increasing the visibility of the term, in other words "putting a face to the problem."

Table 7. Navigating a Moral Injury

<u>Speaker</u>	<u>Quote</u>
Charles, Army	"…allow them [veterans] to be able to speak up about it and talk about it. Get it out in the open and then. Give them you. depending on their faith, just give them some type of assurance"
Emily, Air Force	"VA crisis line"
Stephen, Army	"…best resource available to them is going to be talking to another veteran. The right answer would be go to the VA. The reality is you will, depending on their level of suffering, they will kill themselves well before they get seen by a VA provider"
Jack, Army	"I'd say just go to the VA."
Amy, Navy	"definitely a priest or chaplain…if you don't want to talk to a chaplain, maybe like. A counselor or someone that you trust."
Justin, Army	"…encourage them to get some type of therapy. I'm a big believer in therapy and talking with someone that they can trust. I think I could help. I think my wife could help…"
Adam, Navy	"I would recommend that they speak to their close friends and people who've gone through similar experiences. When you recognize that something happened wrong in the past, and you either perpetuated or you said nothing. There's nothing you can do in the present moment to fix that. The decision is done"
Brian, Air Force	"…I would obviously to offer my ear just want to talk about something and onset probably point them to the VA because I feel like they'd be the best equipped to deal with veterans issues."

An important discussion in a few interviews was when would be the best time to introduce this topic. I asked whether it is a topic that should be integrated into basic training. In response to this postulation, one veteran noted, "I think there are already so many things competing for people's attention that I think that education might not be worthwhile." Many noted that a presentation on moral injury may get "clicked through." The potentially more optimal time to present this idea is during our processing during the post-deployment period. In the words of Brian,

> "I had to sit through classes all of like how to fill out our resume and things like that, like why not have this discussion too? Why can't mental health be a piece of that process when you're exiting, you know, and hey, here's the mental health reasons for you as a civilian."

Ben expanded on Brian's viewpoints that after the presentation of MI, it would be "on the individual to allow the time and be patient and like to listen to it because even if it doesn't apply that time, it might come back later and be useful."

Within the awareness discussion, it was proposed that social media and YouTube would be important in helping convey the messages, especially within veteran group pages, even "meme" pages. Some noted that they did not think that universally increasing awareness of moral injury would be beneficial, but only to those with a heightened risk of moral injury. Collectively examining the responses on the application of moral injury, universally, participants recognized that a moral injury exists. Still, there was uncertainty about where it fits within the existing mental health framework. As one veteran stated, "What would be the end goal...so you establish that there's, say, a power dynamic moral injury? What would you do then?".

Table 8. Ways to Promote Awareness of Moral Injury

Speaker	Quote
Emily, *Air Force*	"…it would really have to be like a DAV and whatever other resources are out there that help veterans with their disability stuff like *Wounded Warrior Project* helps people with their disability stuff up. So whatever entities or organizations are out there that are helping with the VA disability rating stuff you know with their claims with their claims. I think that would be a really good place to start."
Stephen, Army	"…it would be beneficial to allow veterans to talk about what they experienced and that way you kind of are bridging the gap between a veteran and a non-veteran… until you put a face to the problem, the problem isn't getting resolved, so veterans need to talk to people about it, because otherwise. It's just a faceless problem and faceless problems don't get treated."
Amy, Navy	"I feel like some people might benefit from introducing or like raising awareness, especially for people who say are like super religious, they might be the ones who benefit or who went to war…but they had to go somewhere."
Justin, Army	"I think it is for those that are really troubled that are really grappling with issues that might relate to this... therapists should be aware of this notion"
Andrew, Air Force	"..awareness and training absolutely to the leaders to look for signs and symptoms of recognizing it. Understanding that somebody is going a little bit sideways, they're acting a little bit different and on how to counsel them and talk to them as like a first responder.

Adam, Navy	"…I don't know...it is not an easy concept to understand, you know, just when you hear you can understand PTSD. Pretty fast. It's like. Hey, we were you moral injured...I don't. I don't know that everyone needs to understand what moral injury is… Many people have fulfilled their military service, moved on and just haven't experienced anything that affected them deeply on a moral level… some benefit to understanding it, but not in in retrospective point of view… For the future it's more of a concept that you would introduce to the more senior leadership level"

Chapter 6: Discussion, Limitations, and Future Directions

Discussion

The central aim of this study was to examine veterans' perceptions of moral injury through a semi-structured interview. Key aspects of interest were how veterans viewed the construct, its applicability, who they believed were at heightened risk for MI, the relationship between PTSD and MI, and the effect of spirituality and religion on MI.

First, I garnered veterans' initial thoughts on moral injury after hearing its definition. I hypothesized that veterans would validate that moral injury is prevalent in the military context. Moreover, I expected a small cohort who may be confused about the construct itself and its applicability. The results of my study demonstrated that they supported the idea of moral injury; however, they differed in their application to the military context.

In the Drescher 2011 study, the healthcare professionals and chaplains suggested that the definition may be too difficult to understand, and that qualifying experiences are needed to clarify the definition. This was not the case in the present study as most veterans, even older veterans, did not share objections or difficulty understanding the topic. Among those who did share suggestions, it centered around increasing the precision of the definition to prevent it from being too broadly applicable outside the military context. Their suggestion included notions of power (i.e. a higher authority) or a high-stakes situation. Examining the most notable definitions of moral injury, the majority do not emphasize the role of higher authority, with the exceptions of Brock (2012), Shay (2014), Carey (2016), and Jinkerson (2016).

Outside the definitional aspect of moral injury, the other critique of moral injury is related to the term itself. This perspective was shared by a Marine veteran who believed the term itself connoted an idea of "failure." Objection to the term moral injury itself by the Marine falls

in line with the demonstrated rejection of the Marine Corps and Navy term moral injury. At a Navy and Marine Corps' annual conference, a Marine commander stated, "As a Marine, I am insulted" (McCloskey, 2011). Navy and Marine education on the subject does not involve the direct usage of the term "moral injury" but instead opts for the term "inner conflict," which is defined as "stress arising due to moral damage from carrying out or bearing witness to acts or failures to act that violate deeply held belief systems." Inner conflict's definition overlaps with Litz's definition of MI, such as "bearing witness to…" and "violate deeply held…". The two constructs convey the same idea, but moral injury's potential to be "pejorative" is why it is not used in education. Although the Navy opted against using MI, none of the Navy participants provided objections to the term itself.

Based on the study results, I conclude that Litz's 2009 definition of moral injury, in tandem with sample experiences, is sufficient for most veterans to understand the construct. Further improvement of the presentation of moral injury could include mentioning Shay's definition. A potential tribulation that could arise with presenting both definitions would be that it could overwhelm and confuse veterans, especially older ones. Presentation to Navy and Marine communities should make a special note about the connotation, or moral injury can hold and how an alternative term, inner conflict, connotes largely the same idea. Follow-up research is needed to unveil whether veterans from other branches prefer the term inner conflict or moral injury.

My subsequent questions after examining initial impressions of moral injury centered around determining how variables such as sex, branch, and combat exposure heightened the risk of moral injury. I hypothesized that veterans would propose that those with combat exposure are at the highest risk of moral injury leading to the most frequently mentioned branch being the

Army and/or Marines. Moreover, I thought women would be cited as having a heightened risk. The results demonstrated that most participants believed the risk of moral injury was all about the same for all veterans, which departs from my initial hypothesis—several veterans' perspectives aligned with my original hypothesis regarding women and combat exposure.

For those who stated that there was a difference, women were cited for increased risk of moral injury due to the sexual assault and harassment they witnessed during their service, which aligned with my initial hypothesis. Sexual assault on women has been a prominent concern in the military (Goldzweig et al., 2006). Increasing rates of sexual harassment and unwanted sexual contact with women since 2018 have only heightened this concern. Research has concluded that guilt and self-blame are common emotions after one experiences being sexually assaulted or raped (Schwendinger & Schwendinger, 1980). These tenants, guilt, and blame, are key components of moral injury. Moral injury, according to Shay, is also the "betrayal of what's right by someone who holds legitimate authority." Shay's statement connotes a power dynamic, often a key motive leading to sexual assault and/or rape. Therefore, women's heightened risk of sexual assault and rape may increase their chances of moral injury due to the feelings of grief and blame that follow the act and the power dynamic often prevalent. Sexual assault and rape are not limited to just females and may impact males, who can also develop moral injury from the event(s).

The results varied on the influence of combat exposure in creating a moral injury. Studies have shown a heightened risk of moral injury due to combat exposure (Frankfurt, 2017). Participants noted how traditional combat situations heightened the risk of moral injury, with most citing Vietnam. "A moral injury to the nation" was a powerful statement reflecting the betrayal shared by many veterans about the Vietnam war. Looking at Shay's *Achilles of Vietnam,* many veterans echoed the narrative of the feeling of betrayal caused by the government. One

specific quote worth mentioning is, "The U.S. Army [in Vietnam] was like a mother who sold out her kids to be raped by [their] father to protect her own interests." (Shay, 50, 2014). Many participants also mentioned the Afghanistan War. Why are these specific wars attached to moral injury? One veteran illuminated the danger of civilian exposure in creating moral injury. Both wars featured high levels of civilian exposure. For example, more than 46,000 civilians were killed during the Afghanistan war. A recent survey also found that 73% of Afghanistan veterans feel betrayed, and 67% feel humiliated, miming the levels seen in the Vietnam War (Galton, 2021). The emotion felt on behalf of Afghanistan veterans appears to overlap with perceived negative attitudes to policymakers in charge of the departure from Afghanistan.

While reflecting on the past transgressions of Vietnam, veterans pointed to the future manifestation of moral injury. Veterans mentioned drone operators' risk of moral injury. The risk of drone operators for moral injury falls in line with several recent studies showing the psychological tribulations faced by drone operators (Chapelle et al., 2014; Saini, Raju, Chail, 2021). Participants listed instances surrounding lying or deception among the non-combat exposure experiences described. These results demonstrate that moral injury can pose a risk on multiple fronts–direct or indirect combat exposure or no combat exposure. Civilian exposure and the perceived role of policymakers appear to be underlying driving factors in veterans perceiving a war to have a heightened risk of moral injury. It must be stressed that most veterans viewed moral injury as universal in its impact on all service members.

Most participants found a spiritual and/or religious background beneficial in navigating a moral injury. In my original hypothesis, I postulated that veterans would see the benefit of spirituality and religion on moral injury; however, responses may vary based on participants' religious background, with those not religious seeing its benefit. To my surprise, those who were

not spiritual/religious or did not mention having that background still saw the potential benefit of spirituality and religion in helping with moral injury. Participants' descriptions of the benefits of moral injury were in relation to a while *after* the event. This is an important distinction, as some veterans emphasized that *during* a PMIE, one's spirituality and religion will not have as much significance. Thus, I can conclude that spirituality and religion may help unpack a moral injury later, but not during a PMIE. These results were supported by veterans' perceptions of treatment options for moral injury. Many participants said they would recommend others talk to chaplains or priests, while others stressed the importance of relying upon veteran-veteran connections. Collectively, these results demonstrate that the religious and/or spiritual-based MI treatment, such as Pastoral Narrative Disclosure (PND), and group MI therapy, such as MIG, best align with veterans' perceptions of treating a MI (Carey & Hodgson, 2018; Cenkner et al., 2021; Lee, 2018). Moreover, Litz's initial outline of treating a moral injury highlights "dialogue with a benevolent moral authority" (Litz et al., 2009). This study affirms that this is a highly important component of moral injury treatment.

PTSD compared to moral injury has become an extremely hot topic (Morey et al., 2012; Sun et al., 2019). Before the study, I hypothesized that veterans would assert that there is an overlap between moral injury, with a substantial number proposing they are the same phenomenon. The results departed slightly from my initial hypothesis. No veterans stated that moral injury and PTSD were the same; most participants stated there was overlap between the two ideas but noted that the two were distinct ideas. These results align with the current literature on the relationship between the two constructs. Furthermore, some veterans emphasized how moral injury can directly lead to PTSD. The interplay between PTSD and MI has been

highlighted in many studies, which have revealed that moral injury, in addition to PTSD, can lead to more intense depression and PTSD (Bryan, 2018).

Limitations of the Study

At the start of the study, recruitment flyers did not use the term "moral injury" to prevent participants because it involved moral injury to prevent them from developing preconceived notions into the aims of the study. However, the lack of responses I received caused me to include moral injury within the poster presentation. As a result, this may have enabled some participants to gain outside knowledge about the topic. Some participants were honest and said they had quickly searched about moral injury before the interview. Expanding upon this, I initially had difficulty recruiting and responding to veterans to participate in the study. This could partly be due to the sensitive nature of discussing mental health. It may also be due to my current status as a college student or the fact that I never served in the military. These factors may have inhibited the willingness of veterans to talk to me about the subject material. The interview timeframe may also have been a limitation. In my flier, I stated that the interview would take about an hour. There was a wide range of interview time durations from as short as 22 min to close to 2 hours. Many of the participants frequently fixated on one subset of questions related to moral injury, and thus over the course of the interview, some questions did not get sufficient exploration as time ran out on the interview.

Future Directions & Concluding Remarks

"We can never fathom the soldier's grief if we do not know the human attachment which battle nourishes and then amputates. As civilians we have no native understanding of the soldier's grief. Combat calls forth a passion of care among men who fight beside each other that is comparable to the earliest and most deeply felt family relationships."

Jonathan Shay, *Achilles in Vietnam*

Shay coined the term moral injury almost thirty years ago. The field of moral injury has made tremendous strides in clarifying what defines a moral injury and how to treat it. This study aimed to understand how veterans perceive the construct of moral injury, factors that increase the risk of MI, its connection to PTSD, and its application in the military context. First, based on the insights from this study, I hope to expand the participant population and collect participant demographic data to conduct a richer analysis of the results. Moreover, I gained a depth of insight into each topic of interest (ex: PTSD vs. MI), but I would be fascinated to explore each individually on a deeper level. For example, going through a subset of current definitions of MI with veterans from all branches to find an optimal definition that suits the largest population. Expanding outside the topics I discussed in this thesis, veteran discussions sparked new directions for the field of moral injury.

The ongoing conflict in Ukraine-Russia and the recent exit from Afghanistan open the door to potential new insights about moral injury and differing perceptions of moral injury. While the aura around Afghanistan differs from Vietnam's, a future study comparing moral injury between Afghanistan and Vietnam veterans could yield deeper insights into how moral injury is perceived between veterans of different generations and different degrees of public support for those in military service. Regarding the Ukraine-Russia conflict, examining the interplay of culture in moral injury would also help further expand the conversation on moral injury.

My final remarks are centered around the above-mentioned quote from Shay. While we can never truly fathom a moral injury, we must continue to bring the stories of those who have lived through it to the forefront. In addition, we must continue to discuss, critique, and debate the framework of moral injury. All of these factors can help increase familiarity with the term amongst the military community, which can be instrumental in helping some veterans better contextualize their experiences. Finally, the growing disconnect between veterans and civilians is alarming. Increased awareness of moral injury may help bridge the gap in understanding veterans' experiences. It starts by understanding and listening to the experiences of veterans, and in the words of one veteran, understanding that:

> "…this is a normal person from society at 18 to 33, who decided to serve their country, and now they're coming back with this issue because of something they witnessed that was in direct conflict with their set of morals. So now they're jaded and look at the world differently."

Thank you to all the veterans who helped with this study. Your honesty and vulnerability made this thesis possible.

References

Post-9/11 Veterans' Mental Health Care Improvement Act of 2021. 32932021.

(MHAT-IV), Mental Health Advisory Team. "Operation Iraqi Freedom 05-07." (2006). Print.
    Affairs, US Department of Veteran. "2022 National Veteran Suicide Prevention Annual Report."
    Suicide Prevention (2022). Print.

---. "Ptsd Screening Instruments." (2022). Print.

---. "The Pact Act and Your Va Benefits." (2022). Print.

Antal, C., and K. Winings. "Moral Injury, Soul Repair, and Creating a Place for Grace." *Religious Education* 110.4 (2015): 382-94. Print.

Association, American Psychiatric. "Posttraumatic Stress Disorder. In: Diagnostic and Statistical Manual of Mental Disorders Dsm-5. ." 5th (2013). Print.

Bayerle, H., et al. "Sophocles' Philoctetes and Moral Injury in the Covid-19 Pandemic." *J Health Commun* 27.2 (2022): 134-39. Print.

Beard, M., and Tom Frame. "Conceptual Distinctions." *Moral Injury: Unseen Wounds in an Age of Barbarism*. Sydney: UNSW Press, 2015. Print.

Borges, L. M., et al. "Case Conceptualizing in Acceptance and Commitment Therapy for Moral Injury: An Active and Ongoing Approach to Understanding and Intervening on Moral Injury." *Front Psychiatry* 13 (2022): 910414. Print.

Boska, R. L., et al. "Understanding Moral Injury Morbidity: A Qualitative Study Examining Chaplain's Perspectives." *J Relig Health* 60.5 (2021): 3090-99. Print.

Boudreau, T. "The Morally Injured." *The Massachusetts Review* 52.3-4 (2010): 746–54. Print.

Bovin, M. J., et al. "Psychometric Properties of the Ptsd Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (Pcl-5) in Veterans." *Psychol Assess* 28.11 (2016): 1379-91. Print.

Brock, Rita, and Gabriella Lettini. *Soul Repair: Recovering from Moral Injury after War*. Boston, MA: Beacon Press, 2013. Print.

Bryan, C. J., et al. "Moral Injury, Posttraumatic Stress Disorder, and Suicidal Behavior among National Guard Personnel." *Psychol Trauma* 10.1 (2018): 36-45. Print.

Bryant, R. A. "Post-Traumatic Stress Disorder: A State-of-the-Art Review of Evidence and Challenges." *World Psychiatry* 18.3 (2019): 259-69. Print.

Carey, L. B., et al. "Moral Injury, Spiritual Care and the Role of Chaplains: An Exploratory Scoping Review of Literature and Resources." *Journal of Religion and Health,* 55.4 (2016): 1218–45. Print.

Cartolovni, A., et al. "Moral Injury in Healthcare Professionals: A Scoping Review and Discussion." *Nurs Ethics* 28.5 (2021): 590-602. Print.

Cenkner, D. P., et al. "A Pilot Study of a Moral Injury Group Intervention Co-Facilitated by a Chaplain and Psychologist." *J Trauma Stress* 34.2 (2021): 367-74. Print.

Chappelle, W., et al. "An Analysis of Post-Traumatic Stress Symptoms in United States Air Force Drone Operators." *J Anxiety Disord* 28.5 (2014): 480-7. Print.

Chatmon, B. N. "Males and Mental Health Stigma." *Am J Mens Health* 14.4 (2020): 1557988320949322. Print.

Clinic, Mayo. "Post-Traumatic Stress Disorder (Ptsd)." (2022). Print.

Currier, J. M., et al. "Development and Evaluation of the Expressions of Moral Injury Scale-Military Version." *Clin Psychol Psychother* 25.3 (2018): 474-88. Print.

Defense, Department of. "Annual Report on Sexual Assault in the Military." (2022). Print.

Drescher, Kent, et al. "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans." *Traumatology* 17.1 (2011): 8-13. Print.

Ehlers, A., and D. M. Clark. "A Cognitive Model of Posttraumatic Stress Disorder." *Behav Res Ther* 38.4 (2000): 319-45. Print.

Evans, Wyatt R., et al. *The Moral Injury Workbook: Acceptance and Commitment Therapy Skills for Moving Beyond Shame, Anger, and Trauma to Reclaim Your Values*. United States: New Harbinger Publications, 2020. Print.

Friedman, M. J. "Post-Vietnam Syndrome: Recognition and Management." *Psychosomatics* 22.11 (1981): 931-43. Print.

Galgano, M., et al. "Traumatic Brain Injury: Current Treatment Strategies and Future Endeavors." *Cell Transplant* 26.7 (2017): 1118-30. Print.

Goldzweig, C. L., et al. "The State of Women Veterans' Health Research. Results of a Systematic Literature Review." *J Gen Intern Med* 21 Suppl 3.Suppl 3 (2006): S82-92. Print.

Gray, M. J., et al. "Adaptive Disclosure: An Open Trial of a Novel Exposure-Based Intervention for Service Members with Combat-Related Psychological Stress Injuries." *Behav Ther* 43.2 (2012): 407-15. Print.

Haley, S. A. "When the Patient Reports Atrocities. Specific Treatment Considerations of the Vietnam Veteran." *Arch Gen Psychiatry* 30.2 (1974): 191-6. Print.

Held, P., et al. "Using Prolonged Exposure and Cognitive Processing Therapy to Treat Veterans with Moral Injury-Based Ptsd: Two Case Examples." *Cogn Behav Pract* 25.3 (2018): 377-90. Print.

Hodgson, T. J., and L. B. Carey. "Moral Injury and Definitional Clarity: Betrayal, Spirituality and the Role of Chaplains." *J Relig Health* 56.4 (2017): 1212-28. Print.

Hoge, C. W., et al. "Ptsd Treatment for Soldiers after Combat Deployment: Low Utilization of Mental Health Care and Reasons for Dropout." *Psychiatr Serv* 65.8 (2014): 997-1004. Print.

Horowitz, M. J. "Stress-Response Syndromes: A Review of Posttraumatic and Adjustment Disorders." *Hosp Community Psychiatry* 37.3 (1986): 241-9. Print.

Jinkerson, J. D. "Defining and Assessing Moral Injury: A Syndrome Perspective." *Traumatology* 22.2 (2016): 122–30. Print.

Jordan, A. H., et al. "Distinguishing War-Related Ptsd Resulting from Perpetration- and Betrayal-Based Morally Injurious Events." *Psychol Trauma* 9.6 (2017): 627-34. Print.

Keane, T. M., R. T. Zimering, and J. M. & Caddell. "A Behavioral Formulation of Posttraumatic Stress Disorder in Vietnam Veterans." *the Behavior Therapist* 8.1 (1985): 9-12. Print.

Kinghorn, W. "Combat Trauma and Moral Fragmentation: A Theological Account of Moral Injury." *Journal of the Society of Christian Ethics* 32.2 (2012): 57-74. Print.

Koenig, H. G., and F. Al Zaben. "Moral Injury: An Increasingly Recognized and Widespread Syndrome." *J Relig Health* 60.5 (2021): 2989-3011. Print.

Koenig, H. G., et al. "The Moral Injury Symptom Scale-Military Version." *J Relig Health* 57.1 (2018): 249-65. Print.

Kok, B. C., et al. "Posttraumatic Stress Disorder Associated with Combat Service in Iraq or Afghanistan: Reconciling Prevalence Differences between Studies." *J Nerv Ment Dis* 200.5 (2012): 444-50. Print.

Kopacz, M. S., et al. "Moral Injury: A New Challenge for Complementary and Alternative Medicine." *Complement Ther Med* 24 (2016): 29-33. Print.

Lea, Tom. "Marines Call It That 2,000 Yard Stare " *Time* 1945: 61-66. Print.

Lee, Lewis Jeffery. *Moral Injury Reconciliation: A Practitioner's Guide for Treating Moral Injury, Ptsd, Grief, and Military Sexual Trauma through Spiritual Formation Strategies*. United Kingdom: Jessica Kingsley Publishers, 2018. Print.

Lifton, Robert Jay. *Home from the War: Vietnam Veterans Neither Victims nor Executioners*. Touchstone, 1973. Print.

Ling, Geoffrey S.F. "Traumatic Brain Injury and Spinal Cord Injury." *Goldman's Cecil Medicine 24th Edition* 2 (2012). Print.

Litz, B. T., et al. "Distinct Trauma Types in Military Service Members Seeking Treatment for Posttraumatic Stress Disorder." *J Trauma Stress* 31.2 (2018): 286-95. Print.

Litz, B. T., et al. "Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium." *Front Psychiatry* 13 (2022): 923928. Print.

Litz, B. T., et al. "Moral Injury and Moral Repair in War Veterans: A Preliminary Model and Intervention Strategy." *Clin Psychol Rev* 29.8 (2009): 695-706. Print.

Maguen, S., et al. "Impact of Killing in War: A Randomized, Controlled Pilot Trial." *J Clin Psychol* 73.9 (2017): 997-1012. Print.

Marmar, C. R., et al. "Course of Posttraumatic Stress Disorder 40 Years after the Vietnam War: Findings from the National Vietnam Veterans Longitudinal Study." *JAMA Psychiatry* 72.9 (2015): 875-81. Print.

McCarthy, J. "Aircrew and "Lack of Moral Fibre" in the Second World War." *War Soc* 2.2 (1984): 87-101. Print.

Meagher, Robert. *Herakles Gone Mad: Rethinking Heroism in an Age of Endless War*. Interlink Publishing Group Incorporated, 2006. Print.

Mittal, D., et al. "Stigma Associated with Ptsd: Perceptions of Treatment Seeking Combat Veterans." *Psychiatr Rehabil J* 36.2 (2013): 86-92. Print.

Morey, R. A., et al. "Neural Systems for Guilt from Actions Affecting Self Versus Others." *Neuroimage* 60.1 (2012): 683-92. Print.

Morin, Rich, et al. "War and Sacrifice in the Post-9/11 Era." *Pew Research Center* (2011). Print.

NIDA. " Substance Use and Military Life Drugfacts." (2019). Print.

Nieuwsma, J. A., et al. "Possibilities within Acceptance and Commitment Therapy for Approaching Moral Injury." *Current Psychiatry Reviews* 11.3 (2015): 193–206. Print.

Papazoglou, K., et al. "The Role of Moral Injury in Ptsd among Law Enforcement Officers: A Brief Report." *Front Psychol* 11 (2020): 310. Print.

Paul, L. A., et al. "Prolonged Exposure for Guilt and Shame in a Veteran of Operation Iraqi Freedom." *Am J Psychother* 68.3 (2014): 277-86. Print.

Platt, Justin. "Veterans Well-Being Survey: Focus on Employment, Education, and Health." (2017): 1-9. Web.

Saini, R. K., V. K. Raju MS, and A. Chail. "Cry in the Sky: Psychological Impact on Drone Operators." *Ind Psychiatry J* 30.Suppl 1 (2021): S15-S19. Print.

Scholten, J. D., et al. "Analysis of Us Veterans Health Administration Comprehensive Evaluations for Traumatic Brain Injury in Operation Enduring Freedom and Operation Iraqi Freedom Veterans." *Brain Inj* 26.10 (2012): 1177-84. Print.

Schrader, C., and A. Ross. "A Review of Ptsd and Current Treatment Strategies." *Mo Med* 118.6 (2021): 546-51. Print.

Schwendinger, Julia, and Herman Schwendinger. "RAPE VICTIMS AND THE FALSE SENSE OF GUILT." *Crime and Social Justice*, no. 13, 1980, pp. 4–17. *JSTOR*, http://www.jstor.org/stable/29766083. Accessed 19 Mar. 2023.

Shay, Jonathan. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. Simon & Schuster, 1995. Print.

---. *Odysseus in America: Combat Trauma and the Trials of Homecoming*. Scribner, 2003. Print.

---. "Moral Injury." *Psychoanalytic Psychology* 31.2 (2014): 182-91. Print.

Steenkamp, M. M., and B. T. Litz. "Psychotherapy for Military-Related Posttraumatic Stress Disorder: Review of the Evidence." *Clin Psychol Rev* 33.1 (2013): 45-53. Print.

Steinmetz, S. E., and M. J. Gray. "Treatment for Distress Associated with Accurate Appraisals of Self-Blame for Moral Transgressions." *Current Psychiatry Reviews* 11.3 (2015): 207-19. Print.

Sun, D., et al. "Resting-State Brain Fluctuation and Functional Connectivity Dissociate Moral Injury from Posttraumatic Stress Disorder." *Depress Anxiety* 36.5 (2019): 442-52. Print.

Tanielian, Terri, and Lisa H. Jaycox. *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. RAND, 2008. Print.

Appendix
Interview Questions:

Preliminary Questions

1) What is your current understanding of the current state of mental wellbeing for veterans and mental health treatment for veterans?
2) Do you consider yourself a religious or spiritual person?
3) What if any religious upbringing did you have? Where did you get your sense of what is right or wrong in human life?
4) Overall, would you say that you maintain self-forgiveness, especially for events out of your control?
5) During your experience in the service, what, if any, insight, education, or training did you receive about what is right or wrong?
6) Without necessarily going into specifics, did you do or see anything during your service that you think back on as morally problematic? Are such things on your mind much today?

Awareness & Perception Questions of Moral Injury

1) What are your initial thoughts about moral injury?
2) Based on this definition, has an idea similar to moral injury been mentioned to you previously?
3) Do you think moral injury and PTSD sound like the same thing?
4) How widespread do you think the moral injury is amongst veterans?
5) Do you think moral injury affects specific military branches more than others? Why or why not?
6) Do you think moral injury affects certain age groups, more than others? Why or why not?
7) Do you think moral injury affects people at certain ages of their lives more than others?
8) Do you think soldiers from different wars have different senses of moral injury?
9) Do you think moral injury affects men more than women?
10) Do religious and spiritual beliefs affect your ability to understand more moral injury?
11) Do you believe that an increased awareness of the idea of moral injury could improve veterans' ability to define their mental health status? Why or why not?
12) Do you believe providers frequently overlook religious and spiritual ideas in treating mental health?
13) Do you believe that increased awareness of moral injuries could help destigmatize stereotypes surrounding veterans' mental health?
14) How aware do you think the VA is about moral injury amongst the veteran community?
15) If you were suffering from a moral injury or knew a fellow veteran who may be suffering from a moral injury, what resources would you recommend that they seek out?
16) What do you believe is the best way to spread awareness to fellow veterans about moral injury

Table 1. Participant Pseudonym Name & Branch

Name	**Branch**
David	Air Force
James	Army
Nicole	Army
Charles	Army
Emily	Air Force
Stephen	Army
Jack	Army
Amy	Navy
Justin	Army
Liam	Air Force
Adam	Navy
Michael	Marines
Brian	Air Force
Ben	Marines